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Digest of the Philadelphia College of Osteopathic Medicine (Winter - December 1992)

Philadelphia College of Osteopathic Medicine

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Philadelphia
College of
Osteopathic
Medicine

Winter
Issue
1992

Osteopathic Digest

Annual Report

After an eventful year, Leonard H. Finkelstein, DO, '59, president and CEO, presents his 1992 annual report, describing the progress and future challenges facing OMC.

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PCOM names new dean

Kenneth J. Veit, DO, '76, MBA, takes his place in PCOM's history as the college's 14th dean. With expertise in both primary care and business administration, his major goal is to create a curriculum that truly prepares PCOM students to meet tomorrow's health care needs today.

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Founders Day '93

For Robert L. Meals, DO, '56, the college's O.J. Snyder Memorial Medal recipient, and Ruth Waddel Cathie, DO, '38, the Alumni Association's Certificate of Honor recipient, Founders Day/Alumni Weekend 1993 will always mean something special.

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No boundaries for healing: Alumni serve worldwide

Zenia Chernyk, DO, '77, Alexander Chernyk, DO, '65, David Coffey, DO, '84, and Joseph G. Ferko III, '94 — they have more in common than their ties to PCOM. Each takes osteopathic medicine's commitment to serving where most needed to heart, which has taken them across the world.

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Robert L. Meals, DO, '56, receives O.J. Snyder Memorial Medal



PRESIDENT'S PERSPECTIVE

STRENGTHENING OUR FUTURE

This special issue of *President's Perspective* is the complete text of the 1992 annual report presented by Leonard H. Finkelstein, DO, '59, at the Osteopathic Medical Center corporation meeting in October.

Fellow members of the OMCP community:

At the time of our last meeting I reported that for fiscal year 1991 we had experienced a \$10 million turnaround. We had come from a \$6 million deficit to a \$4 million excess of revenues over expenses. At the end of fiscal year 1992, we again reported an excess of revenues over expenses in the amount of \$500,000.

Since June, we have encountered the loss of our entire \$5.6 million state subsidy, we have gone through a work stoppage, and we are facing difficult negotiations with Blue Cross regarding reimbursement which will cost us approximately \$500,000.

The College

Last year we received approximately 1,000 applications for the class of 1995. This year the applications doubled to 2,000, probably the largest increase in the profession, both osteopathic and allopathic.

In August, we enrolled 226 students, our largest class ever. Along with the growing numbers, we continue to strengthen the product we offer our students, the education that prepares them to practice medicine in an increasingly complex and challenging health care environment.

For instance, we developed a new curriculum that more effectively integrates clinical skills with classroom teaching and exposes students earlier to hands-on medical practice. In keeping with our mission and with society's future health care needs, we strengthened our primary care roots with the appointment of an assistant dean for primary care. In addition, we focused more heavily on research to improve our ability to compete for grants for both basic scientific research and innovative projects such as "The Dynamic Spine," an interactive computer program that is now being commercially marketed.

Last year I reported that our internship and residency programs were flourishing. That growth has continued. This year we are training 78 interns, as well as more than 150 residents and fellows enrolled in 16 residency and three fellowship programs. Our postgraduate program continues to grow not only in size but also in quality. We have

continued our affiliations with Albert Einstein Medical Center, St. Agnes Medical Center, Germantown Hospital and Medical Center and Episcopal Hospital to provide our residents with a consortium of over 1,000 patient beds from which to gain their clinical experience.

We have continued to support our graduating residents through our senior resident practice workshop, which assists them in preparing for their entry into medical practice. We have also continued to offer residents individual counseling and advice as they plan their careers.

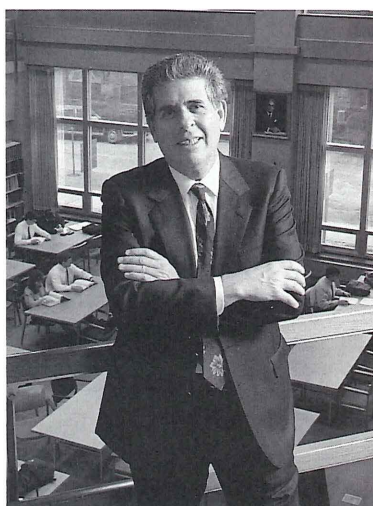
To provide invaluable primary care training opportunities for our students and residents, we continue to invest in the growth and strength of our community health care centers. Although economics forced us to close the Germantown center, we were able to open a new health care center in the Frankford community, near our Parkview campus.

The Hospital

Last year I reported that the first phase of our master facility plan at City Avenue was under construction, and renovations to the lobby and one patient floor at Parkview had been completed. In the months following our last meeting, that progress continued.

At City Avenue, the first phase of the master facility plan has been completed. The campus now has a clearly defined, boulevard-like main entrance on Monument Road. In February, we opened a 14,000-square-foot addition, the first new construction to the hospital since it opened in 1967. The addition provides a more accessible main entrance, a modern new lobby, a central location for outpatient services and spacious house staff sleeping quarters. The new house staff accommodations have allowed us to open 20 additional patient beds in the hospital.

At Parkview, interior renovations were completed on a second patient floor. In May, we broke ground on a major expansion project that includes a new four-story, 86,500-square-foot medical office building, a connecting link to the hospital and a new hospital main entrance. The new building will provide modern, attractive office space for the medical staff, as well as space for the expansion of outpatient services. We are pleased that many of the



physicians currently leasing office space at Parkview will be tenants in the new building.

Construction of the medical office building is proceeding ahead of schedule, and a spring occupancy date is expected. Until then, three modular units next to the hospital are being used to accommodate our space needs during construction.

To provide much-needed office space for physicians who want to locate their offices on our City Avenue campus, we moved several hospital departments from Rowland Hall to a nearby office building in Bala Cynwyd. Extensive renovations have taken place in Rowland Hall as physicians have moved into new offices. Student meeting and study space has been expanded and consolidated on a single floor. In addition, the college bookstore was moved to a more convenient location on the first floor.

As you can see, the bricks and mortar of our institution have occupied a great deal of our attention during the past year. But it is our people and our services that are the real keys to our strength. We have continued to move ahead on both campuses to enhance existing programs and to develop new services that will make us more attractive to physicians and patients in today's competitive market.

At City Avenue, our first step in expanding and modernizing the radiology department was the opening of an angio-interventional suite in January. The suite's state-of-the-art equipment greatly enhances the department's capabilities by allowing the staff to perform many non-surgical procedures. In addition, our recent recruitment of a new co-chairman and team of radiologic specialists moves us into a highly competitive position in all areas of diagnostic and interventional radiology.

Also at City Avenue, we developed a unique, customer-oriented occupational medicine program that offers Delaware Valley businesses a wide range of acute care, rehabilitation and wellness services in one location. By providing quality, cost-effective health care for injured workers, we showcase our abilities and give the hospital new growth potential.

At Parkview, we opened an eight-station outpatient dialysis unit, providing a much-needed service in that community for patients with advanced kidney disease. We addressed another important community need by opening a highly successful orthopedics clinic for economically disadvantaged patients. In addition to serving the Parkview community, the clinic treats patients who are referred from City Avenue or the health care centers.

Both campuses have been affected by the movement toward minimally-invasive surgery that has increased the demand for laparoscopic procedures to remove, for instance, the gallbladder, uterus, appendix or pelvic lymph nodes. We have remained in forefront of this movement by providing our surgeons with the training and state-of-the-art equipment they need to offer these less invasive

procedures to their patients.

Yet this emphasis on technology does not mean that we have lost sight of the importance of primary care and preventive medicine. While we have long offered strength in family practice, we have moved this year to strengthen our foundation in other areas of primary care such as pediatrics and ob/gyn.

For example, we have opened a pediatrics clinic and re-opened an inpatient pediatrics unit at City Avenue. In addition, to build upon the success of our obstetrics program at City Avenue, we have increased the number of postpartum beds and have added a perinatologist and an additional neonatologist to our staff. Our family and parenting services have also continued to expand with the opening of a new neighborhood parenting center in the Parkview area.

At the other end of the spectrum, we have opened a geriatrics inpatient unit at City Avenue and have recruited a new chairperson of geriatrics who is developing a comprehensive outpatient program to serve the medical and psychosocial needs of older adults.

With all of this progress, it would seem that fiscal year 1992 has been a banner year. But as we all know, the progress has not come without major setbacks.

The most critical problem we face today is our cash flow. Over the last two and a half years we have spent well over \$10 million out of our own checkbook without the benefit of outside financing. As a result, we are now cash poor. Due to covenants from our bondholders restricting our ability to borrow, we are unable to obtain a line of credit, even though our assets far outweigh our debt.

This problem has been compounded by the sudden loss of our \$5.6 million subsidy from the Commonwealth of Pennsylvania and by the anticipated reduction in Blue Cross reimbursement due to policy changes.

Unfortunately, to deal with these problems, we had to make some hard choices. The most difficult came in July, when we were forced to lay off 70 full-time equivalent employees. These lay-offs were across the board, from senior management down. Through attrition, we did not replace an additional 110 positions.

The elimination of the state subsidy also forced us to make some difficult changes affecting our students. We cancelled the tuition differential for Pennsylvania residents and raised tuition across-the-board.

"We continue to strengthen the product we offer our students, the education that prepares them to practice medicine in an increasingly complex and challenging health care environment."

The losses in revenue were beyond our control, but we have now put together a business plan that takes them into account. According to our conservative projections, we should finish fiscal year 1993 with a \$500,000 surplus of revenue over expenses.

The successful outcome of the work stoppage in July should help us achieve this modest gain. We were able to freeze wages and benefits and implement work rule changes. These changes will result in significant savings to the institution and should pave the way for a more intelligent management system that preserves our workforce. We have already appointed a new vice president for human resources to address these increasingly complex personnel issues.

After intense lobbying, we hope to see a significant restoration of our state subsidy. Should this occur, we hope to reinstate the tuition differential for Pennsylvania residents. But because this subsidy restoration will most likely apply only to this year's budget, we must continue to move forward in anticipation of our independence from state aid.

Looking Ahead

During the coming year, we will continue to search for qualified candidates to fill the vacant positions of dean and hospital executive director. (This report was published October 1992. We welcome new dean Kenneth J. Veit, DO, '76. See story on page 5.) We will make plans to renovate and replace outdated, undermaintained facilities at both campuses. We will plan to expand our filled-to-capacity Lancaster and Cambria health care centers to increase the number of patients we can accommodate at those locations. In addition, we will explore opportunities for new programs and services that will make us more competitive.

While we will continue to plan,

however, our ability to implement these plans depends on our ability to improve our cash flow. Here the single most significant factor is hospital admissions, the one factor that can restore our success and our ability to achieve our goals. Therefore, the state of our institution rests with the osteopathic physician community. With support from as few as 10 or 20 more alumni or osteopathic colleagues, we can establish a cash flow sufficient to carry out all of our needs and obtain whatever financing is necessary to move forward with our master plans.

Because the support of our alumni is more crucial than ever before, we will be calling on them more and more. We have already received our first million dollar donation from an alumnus. And within the next few weeks, we will kick off a major fundraising campaign.

We have intensified our efforts to recruit new physicians to our staff and are continually working with our medical staff to encourage their support of this institution. As evidence of our commitment to our physicians, we have appointed an osteopathic physician to serve as director of professional relations.

In our ongoing search for ways to strengthen our future, we will continue to talk with other hospitals that are looking to merge with a larger and stronger academic medical system. Our ultimate dream is for our medical school to have a large acute care system under its control and to serve as the hub of a large managed care system that has the participation and support of our physicians.

That is the dream. And fortunately, the reality is that our college is secure and strong with a growing applicant pool. I do not believe that anything will happen to change these facts and put our college at risk. We are determined to do everything we can to maintain the strength and stability of both the

college and the hospital.

But we cannot do it alone. The events of the past year reinforce my belief that the survival and future success of this institution depend not only on the fortitude of its administration but also on the support of all its constituencies.



In the News...

PCOM promotes its primary care focus

The following Letter to the Editor appeared in the Jan. 29, 1993 issue of the *Philadelphia Inquirer*, responding to an editorial on the need for educating quality primary care physicians. Dr. Finkelstein's reply is the first step in the college's intensive program to make the public more aware of the role PCOM plays in training primary care physicians.

Friday, January 29, 1993

LETTERS

A primary-care model

Your editorial of Jan. 25, "Calling Dr. Welby: How to produce more family practitioners," suggested strategies medical schools might follow to increase the proportion of students who choose a career in primary care. Interestingly, Philadelphia College of Osteopathic Medicine is already doing everything you suggested.

For example, PCOM has a recruitment program that specifically looks for students interested in primary care. Our curriculum includes four months of hands-on primary-care practice: two months at one of our five inner-city health-care centers and two months at a rural site.

Unlike most medical schools, PCOM has an assistant dean for primary care, who is responsible for integrating primary care into every aspect of our four-year curriculum. We recently appointed a new dean with a background in family practice and primary-care policy. Because of these efforts, PCOM has been extremely successful in producing primary-care physicians. Each year, 55 to 60 percent of our 200 graduates go into primary care, well above the 15 percent national average.

While we may not know all the answers, we do know that our approach works. As other medical schools grapple with meeting this country's need for primary-care physicians, they might look to PCOM as a model.

Leonard H. Finkelstein
President

Philadelphia College of Osteopathic Medicine

Kenneth J. Veit, DO, '76, named PCOM dean

Kenneth J. Veit, DO, '76, MBA, assistant dean for graduate medical education and professor of general practice, has been appointed dean of Philadelphia College of Osteopathic Medicine. Veit had served as acting dean since June 1992.

With expertise in primary care and business administration, Veit has qualities uniquely suited to the needs of quality osteopathic medical education, according to Leonard H. Finkelstein, DO, '59, OMC president and chief executive officer. "Dr. Veit brings exceptional credentials to his new position," says Finkelstein. "By having the MBA degree as well as his DO degree, and with his specialty in primary care, we feel that Dr. Veit has all the ingredients to help position our college to meet the challenges now and in the future."

Veit's major goal will be to continue to upgrade the educational product to better prepare students to serve the public's needs in the future — especially in the area of primary care. "I will be working with the faculty to develop ways to more closely integrate primary care into the curriculum. We need to maintain our strength in this area and to ensure that primary care is a focal point for PCOM in the 1990s and in the future," Veit says.

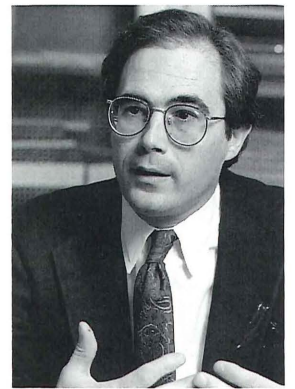
Over the past few years, Veit has served in several positions at OMC: assistant dean for graduate medical education from September 1990 to December 1992; director of medical education for the hospital from March 1989 to December 1992; and chairman of the division of community medicine and director of PCOM's health care centers from July 1984 to December 1992.

During his tenure in these positions, Veit worked closely with Finkelstein to develop the expansion of the college's internship, residency and fellowship programs. Veit also instituted a variety of clinical programs in rural and urban health care centers in Pennsylvania.

He has been on the PCOM faculty since 1981 and also serves on numerous boards and committees, including the college's Board of Trustees, the Curriculum Committee, the hospital's Credentials Committee, the Quality Assurance Committee and the AIDS Task Force.

In addition to his work at PCOM, Veit completed a primary care policy fellowship in May 1992, which was designed to promote improved primary care services, training and research. He served on the Mayor's Commission on Health of Philadelphia from 1981 to 1984.

Veit completed Temple University's Executive MBA program in 1989. A fellow of the College of Physicians of Philadelphia, he is board certified in general practice. He has held clinical and faculty positions in several national, state and local organizations, including the AOA, POMA, the American College of Osteopathic General Practice, the American Academy of Physician Executives and the Academy of Osteopathic Directors of Medical Education.



New chairman and members elected to Osteopathic Medical Center boards

A new chairman and three board members have been elected to the boards of trustees for Osteopathic Medical Center of Philadelphia, PCOM and its hospital.

Herbert Lotman - OMCP chairman

Herbert Lotman, an OMCP board member since 1990, was elected chairman of that board at a meeting on Nov. 11. Also at the meeting, Leonard H. Finkelstein, DO, '59, was re-elected president

and chief executive officer at OMCP.

Lotman is chairman and chief executive officer of Keystone Foods Corporation, a multinational manufacturer of food products.

Active in numerous civic and charitable organizations, he co-founded the



Lotman

McDonald's Championship, a Ladies Professional Golf Association tournament benefiting Ronald McDonald Children's Charities, which has raised more than \$18 million in 12 years.

New board members

In October, four new members were named to the boards of trustees at Osteopathic Medical Center. Joining the corporation board was Renee B. Booth, PhD; Mark H. Lubber and Leonard W. Johnson, DO, '64, were appointed to the hospital board; and Harry Ginsburg, DO, '42, was named to PCOM's board.

Renee B. Booth, PhD

Booth is regional director of the Human Resources Planning and Development Practice with the Philadelphia Consulting Group of Hay Management Consultants. She earned her bachelor's degree in psychology from the University of Maryland, College Park, and a master's degree and a doctorate in industrial/organizational psychology from Penn State University.

Mark H. Lubber

Lubber is a real estate investor and founder and executive operational officer of IFR Furniture Rentals. He is also a partner in Cream Puff Motorcars, a retail and wholesale automobile business in Fort Lauderdale, Fla.

Leonard W. Johnson, DO, '64

Johnson is medical director and owner of Spruce Medical Center, Philadelphia. He is also founder and chairman of Spruce Adolescent Counseling and Education Center, Inc., and chairman of the board of trustees of the Berean Institute.

He received the Physician's Recognition Award by the American Medical Association in 1991. Also in 1991, Johnson was presented the "Distinguished Alumni Award" for outstanding achievements in medicine from the Florida A & M University Alumni Association.

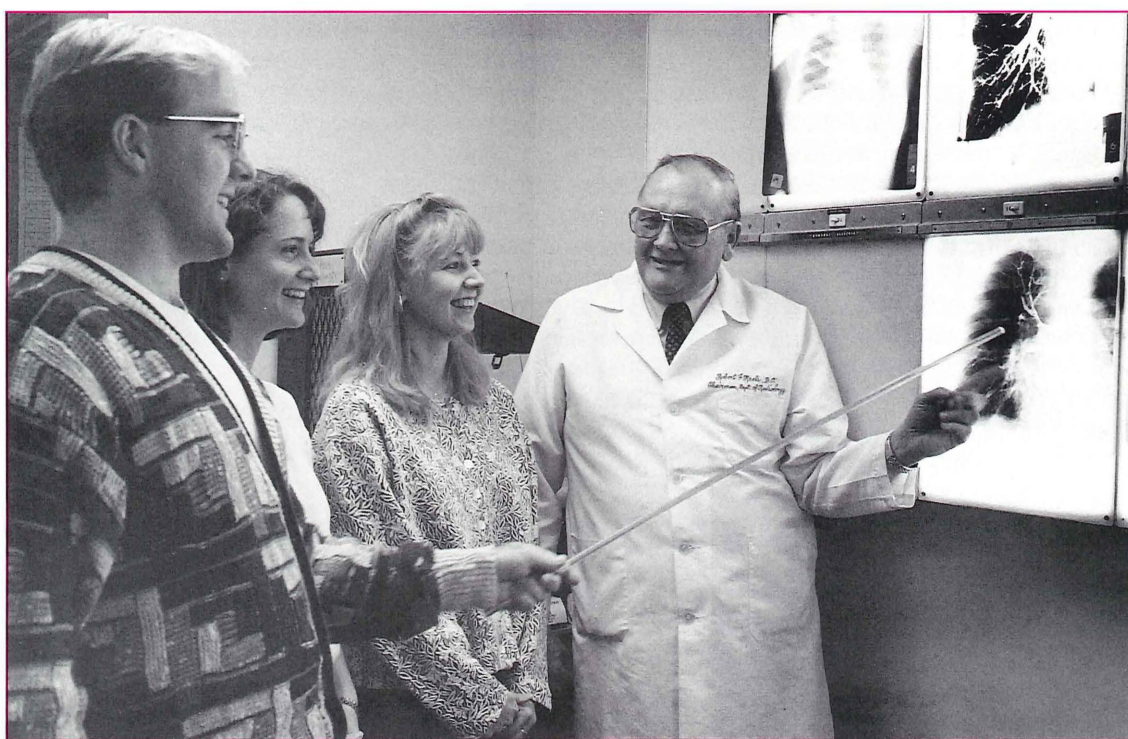
Harry Ginsburg, DO, '42

Ginsburg has operated a family practice in North Philadelphia since 1944. A founding member of Metropolitan Hospital, Ginsburg is also a board member of the Foundation of Germantown Hospital and Medical Center.

Ginsburg recently established a chair in research for Alzheimer's disease at The Bar-Ilan University of Ramat-Gan, Israel, where he will be receiving an honorary degree this June.

He received his medical degree (M.D.) and doctorate in public health from Kansas City College of Physicians and Surgeons.

Admired by students and patients alike, Robert L. Meals, DO, '56, awarded the O.J. Snyder Memorial Medal



Third year students, from left, Kirby Scott, Renee Bender and Donna Batko, review an x-ray with Dr. Meals



“W

hat are we looking at?” Robert L. Meals, DO, '56, MSc, FAOCR, professor of radiology, asks Carl Barr, '94, as Barr peers at a film in a darkened classroom in Rowland Hall with about 20 of his classmates. “What kind of study is it?”

After a moment, Barr says, “It appears to be a tomogram.” “Yes,” says Meals. “Of what?” “An IV pyelogram,” replies Barr, warming to the subject. “The kidneys appear to be enlarged and there’s some spreading of the collection system, the calices.”

“Yes,” Meals says encouragingly. “Look how those kidneys fill practically the entire abdominal cavity.” Barr’s diagnosis: “Polycystic kidney disease.” “Absolutely right, Carl,” Meals says as Barr’s classmates, sitting informally at desks and atop ultrasound tables, shower him with applause. Barr smiles and seems pleased about nailing the diagnosis, and above all knowing he won’t have to sing a song for Meals because of an incorrect analysis.

Refined over three decades, Meals’ singularly effective teaching style — heavy on unconventional interplay, lighthearted but exacting — and his

dedication to medical education and the osteopathic profession as a whole have earned him the 1993 O.J. Snyder Memorial Medal.

"One of the things that Bob Meals does best is teaching, as opposed to lecturing," says Robert Cuzzolino, EdD, PCOM's associate dean for academic administration. "While so much teaching relies on recall, what Bob does relies very much upon students being able to put together numerous facts which they've already learned and really 'think' the answer. It's understood and retained much better than simply having memorized it."

In medical education today 'problem-based learning' is being touted as the newly-discovered method for teaching. "Long before they came up with that buzzword," says Cuzzolino, "Bob Meals was doing it, and he does it every day."

"Bob has taught in our college for over 30 years. In my opinion his course to undergraduates in clinical radiology is the most outstanding in the country," says Leonard H. Finkelstein, DO, '59, OMC president and CEO. "He is a tremendous asset to our faculty."

Learning can be entertaining, too

In Meals' teaching method, you can be an effective educator and make the entire process fun, too. Over the years it has not been uncommon to see 200 radiology students in Halloween costumes or with bags over their heads. To keep everyone's attention focused on the films, he has flashed pictures of students on a lighted viewbox when he wants them to interpret a film. Fail to do so and you risk having to sing a song — title is your choice — in front of your peers.

The end of the three-week radiology rotation for juniors also culminates with a Meals' amateur hour in which everyone sings, plays an instrument, performs a skit or does a reading.

"It's my way of saying, 'Okay, we know what you've done scholarly, let's see how you're going to do as a doctor in terms of being social with other people,'" he says. "One of the hardest things for a person to do is to sing in front of other people. If students can do that, then they will start feeling better about themselves. They also get to know each other better, which is important for the profession."

Another axiom for Meals is that when it comes to teaching, less can often be more. "I think when you are young you want your students to learn everything," he says. "I think you get more practical, and effective, as you get older. You do it by getting students involved and by not making it so hard they lose interest. You keep coming back again and again to what you're trying to get across from different angles, with bits of information that are manageable and that make sense."

All of it, the interactive learning as well as the schtick, has had quite an impact. Emulated by some allopathic institutions, the third-year radiology course Meals developed in the early '70s has attracted students on electives from as far away as Florida and California. Joan L. Moore, DO, '77, one of Meals' former residents and the associate professor of radiology at West Virginia School of Osteopathic Medicine, sends many of her students to PCOM for the rotation. "Making things interesting so that you can remember them is a talent, and Dr. Meals is that kind of teacher," Moore says.

"To a casual observer, the teaching style might seem erratic," says Barr, "but it works. Over a three-week period the material really becomes ingrained and you come away with the feeling,



'Yeah, I can look at an x-ray or CT or tomogram and diagnose it, even though in the beginning sometimes I couldn't even distinguish between the different studies.' You have a real sense of learning."

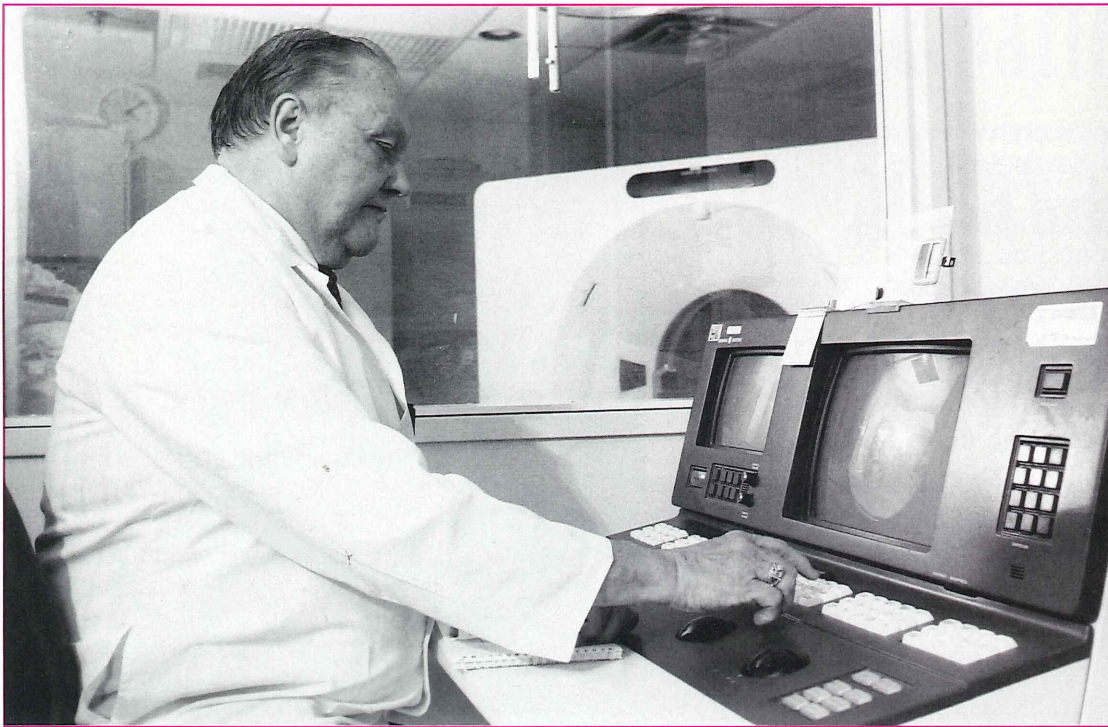
"He has had a major influence on all of the medical students who've come out of PCOM, regardless of their subspecialty," adds Mark Finkelstein, DO, '80, a former resident who is now a pediatric radiologist with the Alfred I. duPont Institute in Wilmington, Del. "His course has been a major boon to our profession and to all physicians. By making radiology so much a part of medicine, he's making physicians recognize that radiology is not just another ancillary service, as with some other subspecialties, but a major influence in the decisions they are making."

A born teacher

Indeed, more so than most medical school professors, Meals was born to teach. In fact, teaching was his first profession. After graduating from Lebanon Valley College in 1951, he taught junior high school for a year before he pursued his dream of a medical career.

The dream had begun much earlier. "I can remember as far back as the sixth grade developing an interest in medicine," he recalls. But, as one of six children of a turnpike construction worker in a rural Pennsylvania area where very few students attended college, much less medical school, the idea of actually becoming a doctor "seemed grandiose, almost unreachable."

Not until he majored in chemistry at Lebanon Valley College did he seriously entertain such thoughts. But even then he double-majored in education in case he could not afford medical school. Indeed, after graduating and marrying his wife Dorothy, a medical education seemed financially unattainable. But the time he spent student-teaching and his year teaching junior high school would later prove invaluable.



"I enjoyed teaching very much. I believe that early experience really helped me better understand my teaching role here at PCOM," he says. "I developed philosophies that I use today, such as not overwhelming students. In medical school, where students are reading 12 to 15 books at a time, it's important to bring the material down to a reasonable level. Students say, 'You can only stuff so much into a barrel and after that, it disappears.' I believe in that."

But while he taught junior high, his interest in medicine was still unabated. Having known only allopathic physicians, his hope was to someday become an MD — until he spoke with his wife's DO in Lebanon, Pa., and several undergraduate college classmates who were planning to attend PCOM. For Meals, the watershed event occurred when his mother-in-law, a music teacher who had believed strongly he should teach to support himself and his wife (an English teacher), agreed to help pay his way through medical school.

He came to Philadelphia in the fall of 1952 and quickly immersed himself in osteopathic medicine.

His mentor – Paul T. Lloyd, DO, '23

In a pattern that has repeated itself with his students, in his third year Meals was drawn to radiology thanks to a great teacher and gentleman, the late Paul T. Lloyd, DO, '23. Lloyd was a radiology pioneer who developed the PCOM radiology residency program which Meals would eventually inherit. "Dr. Lloyd was one of those great teachers who want to make you think and not just recite specific information. He wanted to know why we thought what we did, and why what we were looking at couldn't be something else," Meals says.

For Meals the allure of radiology was not only initiated by an enthusiastic teacher, but also by characteristics inherent in radiology. "You have to understand the patient, the illness, the complaints, the laboratory findings and be able to give differential opinions and diagnoses.

"It is amazing to be able to look inside a person to see

disease and other conditions knowing that other physicians are depending on your findings to establish or elucidate a diagnosis."

During his career, his profession has undergone significant changes in its ability to do just that. When he interned, x-rays were the radiologist's only weapon. They were joined during his residency by nuclear medicine and angiography; later came ultrasound, CT scanners. Meals procured the Delaware Valley's first fourth-generation CT scanner for OMCP in the late '70s — magnetic resonance imaging (MRI) ultrasound with Doppler — orthovoltage radiation equipment to cobalt therapy and presently high MEV linear accelerator.

"The field is always fascinating, because no sooner do you learn a new modality, then yet another appears on the horizon," he says. "I also do not believe medicine would be where it is today if it weren't for the dramatic growth in radiology. Think how far we've come from arriving at diagnoses on the basis of physical diagnosis, a stethoscope and what the patient might be spitting up. I liken the impact of our increasing ability to look inside the body and to understand function, structure and disease processes to the impact of such breakthroughs as antibiotics and the polio vaccine."

With his interest in radiology confirmed, Meals did a three-year residency in radiology with a two-year radiation therapy fellowship at PCOM after his internship. Even as a resident, he began to teach. Two students asked him for help in reviewing films, and as word spread he began to conduct small group review sessions. Awarded the Christian R. and Mary F. Lindback Foundation Award for Distinguished Teaching the final year of his fellowship (the first of numerous teaching awards), he combined his practice with teaching throughout his career.

A patient favorite

Seemingly a natural and admired teacher, Meals was equally popular, if not more so, with his patients. "The patients loved him," says John Wisdo, OMC's former radiology department

director for 14 years. "They'd only want to see him. He had this caring quality and down-to-earth honesty and spent considerable time with them."

Despite the amount of time he dedicates to patients and students, Meals has found time to be active in his profession nationally. He has served as the president of the Pennsylvania Osteopathic Medical Association. Additional appointments include serving as a delegate to AOA Board of Trustees, diplomate of American Osteopathic Board of Radiology - Therapeutic Oncology, and an editor and consultant to the *Journal of the American Osteopathic Association*.

But nowhere has his dedication to the osteopathic profession been more evident than at PCOM. Outside of his family — he lives with his wife in the Bala Cynwyd, Pa., home where they raised their two children, Sharon and Robert Jr.— PCOM has quite literally been his entire adult life. Meals has served as a member of numerous boards and committees at OMCP over the past 30 years and was the chairman of the department of radiology, nuclear medicine and radiation therapy from 1973 to 1991. He has been on the PCOM Board of Trustees since 1986, and sat on the OMCP Board of Trustees from 1985 to 1986.

"His dedication to PCOM is broad in scope. I was one of Dr. Meals' students, and now have the pleasure of working with him in the postgraduate programs. He contributes to the education of

first-year through postgraduate students," says Michael F. Shank, DO, '80, acting assistant dean for graduate medical education. "He is an educator and physician who has a deep concern for training osteopathic medical students — not just in radiology — but overall. He has committed a great deal of time to issues involving clinical education at PCOM, and improving the educational program," he adds.

"The institution is always foremost in everything he has ever done, and he has always been very dedicated and hard working, willing to put more effort and hours in than others might consider necessary," says Joe Czyz, who retired this past summer after working in the radiology department as technician, administrator and Meals' teaching assistant for 42 years.

Despite his obvious popularity and successes as an educator and radiologist, the news that he was named this year's recipient of the O.J. Snyder Memorial Medal stunned him. It drew him back to something that Lloyd, the 1964 O.J. Snyder Memorial Medal winner said: "Your greatest achievement is when a student comes back and says, 'Thank you.'" To have an entire medical school — his alma mater — say that he has made a difference is the ultimate compliment for Meals. "You really think these things happen to you after you retire or after you die, if it happens at all," he says. "It's such a high honor. It really makes you feel what you've done has been worthwhile."

Ruth Waddel Cathie, DO, '38: Certificate of Honor recipient

For PCOM's Alumni Association, loyalty and dedication to his or her alma mater are the criteria for selecting the Certificate of Honor recipient, making this year's nominating process an easy one for the committee; its 1993 choice was Ruth Waddel Cathie, DO, '38.

Cathie has a long-standing history with PCOM as an educator, administrator and loyal PCOM supporter. A pathologist, her commitment to PCOM began in 1954 when she joined the faculty. She continued to teach here until 1971. From 1963 to 1971, she also served as professor and chairperson of PCOM's department of pathology.

Her skills in teaching won Cathie the Class of 1963 Teaching Award and the Christian R. and Mary F. Lindback Foundation Award for Distinguished Teaching in 1967. "Ruth had a way of managing the teacher-student relationship in such a manner that she obtained what she wanted in the way of high standards while at the same time earning tremendous loyalty from her students," says Sherwood R. Mercer, LLD, PCOM dean from 1954 to 1969 and professor of the history of medicine and osteopathic medicine from 1954 to 1976. "They had great admiration for her."

Noted at PCOM as an excellent teacher and chairperson, her achievements as a pathologist did not go unnoticed nationally. Cathie served as president of the American Osteopathic College of Pathologists from 1959 to 1960. In 1980 she was honored as Pathologist of the Year by the American Osteopathic College of Pathologists.

Although Cathie has given so much to the institution, she'll tell you she's gotten back much more. "I had a lot offered to me at PCOM. First I received my medical education training, and then began my teaching and administrative career," she says.

And then there's the matter of her personal life. "I met my first



husband (the late Harold C. Waddel, DO, '38) and my second husband there (the late Angus G. Cathie, DO, '31, PCOM professor and the legendary anatomist), and I had a tremendous profession offered to me. You can't ask for much more than that."

Retired now, her dedication to PCOM continues. She recently revived the Angus Gordon Cathie Scholarship Trust. Awarded this past spring, the fund provided a full-year's tuition as a low-interest loan for one student. "I have so much to be grateful for," she says. "By assisting current students I feel I am contributing to the future of the profession."



Alumni serving internationally

Reaching across continents to heal

Two know intimately about the continuing suffering foisted upon the people of the Ukraine by the Chernobyl nuclear disaster. Another has witnessed first-hand the horror of what used to be Yugoslavia, while another understands how antiquated emergency medical service has been in Romania.

They are PCOM alumni Zenia Chernyk, DO, '77 and her husband Alexander Chernyk, DO, '65; David Coffey, DO, '84; and student Joseph G. Ferko III, '94, all of whom are committed to providing badly-needed medical assistance around the world.

Their motivation is simple. As osteopathic physicians steeped in a tradition of serving where needed most, they can not sit idly by when they know they can help.

The children of Chernobyl

"Once you have seen the effects of Chernobyl, you cannot remain an innocent bystander. If you are a physician and you see people dying of diseases that are potentially treatable, it is impossible to sit back and say 'let them die,' especially since physicians there have no ability to help them," says Zenia Chernyk, DO, '77, a nephrologist on the Osteopathic Medical Center staff.

Zenia and her husband Alexander, a surgeon also on staff at OMC, are natives of Ukraine who made their first post-Chernobyl visit 18 months after the nuclear accident to assess medical needs. The most dramatic effects of the escaped radiation had yet to surface.

But since then the situation has worsened dramatically, Zenia Chernyk says. "We are now seeing about an 80 percent increase in thyroid cancers, 200 percent increases in leukemia and lymphomas and many children are developing blindness as a result of radiation-induced cataracts." The complications, she adds, are not expected to peak until 1996.

The Chernyks take action

In response, the Chernyks established the Ukrainian Federation of Greater Philadelphia. Among the federation's goals are to deliver critically-needed medical equipment and supplies and to train Ukrainian physicians in their use. "Some hospitals had one glass syringe for an entire floor, and they had been sterilized so much you couldn't see the calibration marks," says Chernyk. "That represented a major problem for the chemotherapy drugs we were sending over since they had no ability to dose the medications.

"They also often had no ability to conduct follow-up blood testing on these patients, or if they did it would take weeks to obtain results because very few centers provide the testing," she adds.



Zenia Chernyk, DO, '77



David Coffey, DO, '84

Massive medical airlift

The federation's efforts culminated in December 1991 with a medical airlift aboard the Antonov Airlines' "Maria" (which means dream in Ukrainian), the world's largest commercial plane. With jet fuel financed by a fundraiser at Philadelphia's Academy of Music, the plane was filled with \$9 million worth of donated equipment ranging from anesthesia machines to neonatal life support, EKGs and a respiratory laboratory. The equipment was provided by PCOM, the Hospital of the University of Pennsylvania, Thomas Jefferson University Hospital and a host of medical equipment leasing firms, such as Mediq PRN.

To instruct Ukrainian physicians in the use of the equipment, the Chernyks and cardiologist Steven L. Zelenkofske, DO, '85, among others, accompanied the airlift.

In the long-run

To have a long-term effect, the federation has also established a scholarship program for Ukrainian physicians to observe medical practices here. In a related effort, the federation is helping Ukrainians to establish medical equipment manufacturing and pharmaceutical firms. "They don't even have aspirin," Chernyk says. "The most significant effect we can have is to help Ukrainian physicians procure the equipment and training so that they can properly care for their people in their own country."

Medical miracles in war-torn Bosnia-Herzegovina

David Coffey's experience in international outreach was not initiated by a devastating environmental event such as exposure to radiation, but instead had manmade origins — war.

Two years ago Coffey, an assistant professor at PCOM and a staff physician at the Parkview campus, went on a vacation-retreat to the then-Yugoslav village of Medjugorje, where a group of young people reportedly saw visions of the Virgin Mary.

"Spiritually I was very affected from my first visit," Coffey says. "I feel that the lives of millions of people who've gone there have been changed and that's why I wanted to return."

Undeterred by the escalating war in Bosnia, he did return for a retreat in October, 1991. Initially, he was unaware of the need for

medical supplies. But then a group in Birmingham, Ala., called Caritas (Latin for "charity") learned of his impending visit.

A representative from the group asked him if he could take cyclosporine, an anti-rejection medicine, to a kidney transplant recipient who was the brother of one of the visionaries. Caritas also informed him the entire region was without medicine. "My friend, John Baird, a Philadelphia area businessman, and I became pack mules, taking a clinic's worth of supplies of common oral medications jammed into our luggage."

When they arrived, they found the village, which a year before had thousands of pilgrims, had only 30 visitors, including nine Americans. Fearing the village would soon be under attack, Coffey the visitor turned into Coffey the GP/ER physician and spent the entire week training a nurse and former army corpsman in trauma techniques.

More to come

But that was merely a prelude for a larger initiative with Caritas last February. Coffey, three other doctors, two nurses and a pharmacist delivered \$1.5 million worth of medical supplies for an 1,100-bed hospital in Mostar, the capital of Herzegovina. Flying in the literally freezing cargo compartment of a DC-10 to Austria, Coffey and the Caritas team loaded two double-length tractor trailers with supplies and embarked on a harrowing 22-hour drive and ferry ride down the Adriatic Coast and then inland to Mostar.

They delivered the medicine and supplies to a Franciscan monastery to avoid both pilfering armies and black market thieves. Within a week the medicine and supplies arrived at their final destination. "The officials of Mostar and the hospital staff were all very thankful," Coffey says. "The hospital was completely out of the basics — even general anesthesia — as the Serbian Army had repeatedly commandeered its supplies to care for its soldiers."

Two months later, the Franciscan monastery was bombed and the convent associated with the hospital was leveled. As for Medjugorje, as of this writing it had escaped being bombed and after being virtually deserted for six months, was reoccupied this past fall by villagers.

Both Coffey and Caritas continue to support the people in the



region by procuring funds to buy food and medicine to send to them. "What we did on our trips to deliver critically needed medicine and medical equipment to Bosnia-Herzegovina was just a teaspoonful on an ocean of need," says Coffey.

Romanian rescue

A truck had broken through a cement bridge barrier and plunged 20 feet down into a river. Under normal circumstances in Romania, the chances of survival of the two critically injured occupants would have been slim. But the modern ambulance which came to their rescue was one of the first in the country to be equipped with more than a litter slung from the roof. The other advantage — on the ambulance was Joseph Ferko III, '94.

Ferko was part of an international team that went to Romania this past summer to teach the first emergency medical services instructor course — a lucky coincidence for the injured men. By the time he arrived at the accident scene, both men were in respiratory arrest and suffering from multiple injuries.

With a national television film crew present, Ferko inserted needles in the injured men's chest cavities to allow air to escape so the lungs could reinflate. Having difficulty with one patient, Ferko lay in eight inches of moving river water alongside the patient to insert the breathing tube into the trachea.

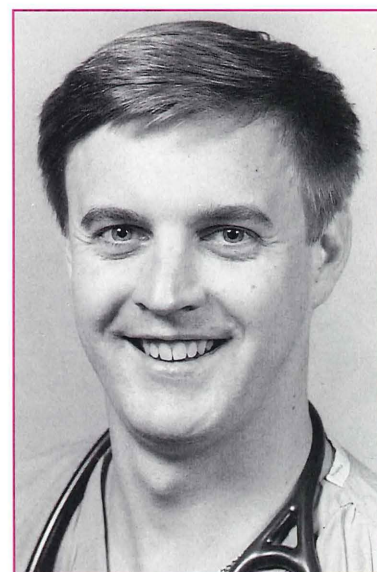
To the amazement of a national television audience, which saw a 15-minute report on the rescue, both patients regained consciousness and were able to smile at Ferko before he left.

Ferko has known that satisfaction many times, ever since he and some friends operated an ambulance out of their Hempfield (Pa.) High School.

"Emergency medicine has always been very rewarding for me because you see the results immediately and you can have a large-scale impact in a short period of time," Ferko says.

Now 29, he has been a member of the U.S. State Department's International Disaster Response Team since 1989 and was an instrumental player in the establishment of the Federal Inter-

Agency Committee on Emergency Medical Services. He holds a master's degree in emergency health services, a doctorate in policy sciences and a multitude of certifications in ER, life support and first aid procedures — all making him a prime candidate for the Romanian project.



Joseph Ferko III, '94

Training physicians, educating officials

Ferko was the only American instructor among the seven-man team for the National Training Institute for Emergency Medicine. In all, 54 physicians underwent the training, with some lectures attended by as many as 1,000 Romanians.

Although the task was admittedly monumental, there was more to the effort than simply training. The team also needed to educate Romanian officials about the importance of implementing systems to respond to emergencies so that the trained physicians could effectively use the knowledge they'd learned.

Lured by the promise of a gift — donated Wilton plates emblazoned with the Great Seal of the United States — the prime minister of Romania and 42 ministers were among the 800 officials to observe a simulated rescue of hotel fire victims. Never before had police, fire, ambulance or civil defense personnel been permitted to respond in concert to a disaster. Duly impressed, this past fall the government declared emergency medicine a specialty and announced plans to implement it throughout the country.

This is a major breakthrough for a country where emergency response time averaged two hours due to ill-equipped ambulances (there was only one ambulance with advanced life support equipment in the entire country), ill-trained staff, no central dispatching system and a poor telephone network.

Now Romania has physicians that have been trained in modern, emergency medicine procedures and in the use of nearly \$150,000 worth of medical equipment which Ferko solicited from 25 American firms, establishing a national training center. "I believe we have helped to start a whole new age of medicine in Romania and before, where life was virtually valueless, at least now there's some consideration to the value of life."

Future efforts

With approval from PCOM, in 1993 Ferko plans to again offer emergency response training in Romania and to establish a training center in Turkey. "In Turkey they have spent \$150 million for equipment but failed to train people to use it," he says. "They have 1,384 ambulances that are just rotting."

Why go? "It's an opportunity once again to make a large impact in a short period of time," says Ferko.



Major General Blanck comes home to Walter Reed command

High-ranking command is nothing new to Ronald R. Blanck, DO, '67, who is now a major general and the commanding officer of the Walter Reed Army Medical Center in Washington. Somehow, this most recent assignment seems a little sweeter.

Blanck, the highest ranking osteopathic physician in the U.S. military, assumed command of Walter Reed on Oct. 5, slightly less than a month prior to his promotion from a one- to two-star general. For Blanck, who had been the chief of the U.S. Army's Medical Corps Affairs and Professional Services, the move to Walter Reed is in many senses a homecoming.

"I trained here, I was married here in the chapel and my two daughters (Jennifer, 18, and Susan, 15) were both born here," the internist said in a recent interview, "and I have lots and lots of old friends here. It truly is a coming home and I relish being here."

"In my view, it is the best job anyone could have, certainly in the Army Medical Department. It is a superb hospital doing first-rate tertiary care and research with a huge graduate medical education program and excellent nursing and administration programs."

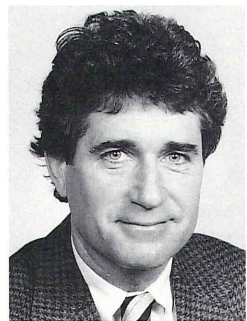


Blanck, one of the first DOs drafted and assigned to active duty in Vietnam, came home from a two-year tour to Walter Reed in 1969. While on staff there from December of that year until 1979, he also served as the assistant dean of student affairs at the newly-formed military medical school.

Should he so choose, President Bill Clinton could be treated in the hospital's VIP suite. "Along with the Bethesda Naval Hospital, we provide some of the care for presidents and other civilian leaders, including members of Congress and justices of the Supreme Court," said Blanck. One of his former patients was the late Supreme Court Justice William O. Douglas.

As commander of Walter Reed, Blanck is responsible for all health care and related activities at the hospital. He also has oversight responsibilities for the Army's Walter Reed Region, which also includes about 15 other hospitals and clinics, including those at Fort Bragg and Fort Knox. In addition, he continues to serve as the representative of the U.S. Army surgeon general to various organizations.

Alumnus co-authors federal high blood pressure report



William A. Nickey, DO, '66, professor of medicine and chairman of OMC's division of nephrology and hypertension, is the only Greater Philadelphia area doctor and the only osteopathic physician on a 15-member committee which recently released new guidelines for the diagnosis and treatment of high blood pressure.

The report, the *Fifth Report of the Joint National Committee on the Detection, Evaluation and Treatment of High Blood Pressure* (JNC V), also proposes that blood pressure be classified according to

cardiovascular risk – the higher the blood pressure, the greater the risk. The previous classifications did not take into account that lower ranges of blood pressure have serious consequences if left untreated.

Under the newly-proposed classifications, the categories of blood pressure would be determined by systolic as well as diastolic levels. The categories range from normal (<130 mm Hg/< 85 mm Hg) to very severe (≥ 210 mm Hg/≥ 120 mm Hg). The previous standards were that a person with a pressure of 140/90 mm Hg or greater or who is taking an anti-hypertensive medication is defined as having high blood pressure.

In addition to recommendations and proposals, JNC V records major improvements in the awareness, treatment and control of high blood pressure. In the last 20 years, the death rate for coronary heart disease decreased 50 percent and the stroke death rate fell by percent.

The report also records a 14 percent decline in the estimated prevalence of high blood pressure — from 58 million people in

1980 to 50 million in 1991. Also in the past 20 years, there has been a:

- 65 percent increase in the number of hypertensives who are aware of their condition.
- 102 percent increase in the number of hypertensives on medication to treat their disease.
- 70 percent increase in the number of hypertensives on medication who have their hypertension under control.

"In terms of public health, these advances represent a great success story," says Nickey, who has been a member of the committee for the past 12 years as the American Osteopathic Association's representative to the National High Blood Pressure Education Program (NHBPEP). "But with 50 million people — about one-fifth of the U.S. population — hypertensive, we have many more miles to go."

In conjunction with its 20th anniversary, the NHBPEP is also launching a campaign focused on hypertension prevention, both for the general public and high-risk groups, such as African Americans and those with a family history of high blood pressure, as well as other cardiovascular risks. "To continue the advances we have achieved, there is a need now to refocus ourselves on prevention and prevention strategies," says Nickey.

He encourages physicians to:

- record each patient's blood pressure at each contact and inform the patient what his or her reading is and what it signifies in the context of his or her health.
- counsel patients, "both those who have it and those who are at risk, and their families as well," he says. "You have to get not only the patient but also his or her immediate family or support group to buy into and get involved with the necessary lifestyle changes."

JustPublished

Francis X. Blais, DO, '75: "Starting therapy for an HIV-infected patient," *Journal of the American Osteopathic Association*, Vol. 92, No. 9, Sept. 1992, p. 1153.

Bonnie Christoff, RN, CRNP, neonatology, OMC-City Avenue campus: "Risks Associated with Gestational Age and Birth Weight," "Congenital Abnormalities," "Infants of Diabetic Mothers," and "Hyperbilirubinemia," *Core Curriculum for Maternal Newborn Nursing*, Edited by Mattson and Smith, Published by W.B. Saunders Co., 1992.

Gilbert E. D'Alonzo, DO, '77: "Varied treatment options enhance patients' survival of pulmonary embolism," *Journal of the American Osteopathic Association*, Vol. 92, No. 1, Jan. 1992, pp. 59-63.

Mark T. DiMarcangelo, DO, '82: "Magnetic resonance imaging of hepatic neoplasms," *Journal of the American Osteopathic Association*, Vol. 92, No. 10, Oct. 1992, pp. 1261-1266.

Philip E. Greenman, DO, '52: "Manipulation with the patient under anesthesia," *Journal of the American Osteopathic Association*, Vol. 92, No. 9, Sept. 1992, pp. 1159-1170; and *Principles of Manual Manipulation*, Williams and Wilkins, 1989.

Thomas P. Hooker, DO, '84, **Michael D. Hammond**, MD, and **Allen Salem**, MD: "Adult respiratory distress syndrome: A review for the clinician," *Journal of the American Osteopathic Association*, Vol. 92, No. 7, July 1992, pp. 886-896.

Joseph H. Hylinski, DPM, podiatric medicine and surgery, OMC-City Avenue campus: "Verrucous Carcinoma: Epithelioma Cuniculatum Plantare," *Journal of Foot Surgery*, Vol. 31, No. 4, July/Aug. 1992, pp. 324-328.

Morris N. Kotler, MD, and **Anthony Alfieri**, DO, '85: Cardiac and Non-cardiac Complications of Open Heart Surgery: Prevention, Diagnosis, and Treatment, *Futura*, 1992.

David A. Patriquin, DO, '56: "The evolution of osteopathic manipulative technique: The Spencer technique," *Journal of the American Osteopathic Association*, Vol. 92, No. 9, Sept. 1992, pp. 1134-1146.

Peter C. Serpico, DO, '86, **Jeffrey S. Freeman**, DO, and **Burton Marks**, DO, '62: "Empty sella syndrome associated with partial hypopituitarism (visualized on MRI scan)," *Journal of the American Osteopathic Association*, Vol. 92, No. 9, Sept. 1992, pp. 1172-1174.

Michael A. Venditto, DO, '77: "Therapeutic considerations: Lower respiratory tract infections in smokers," *Journal of the American Osteopathic Association*, Vol. 92, No. 7, July 1992, pp. 897-905.

ClassActs

1951

Albert M. Honig, Doylestown, Pa., has been named this year's "Distinguished Fellow" presenter at the annual meeting of the American College of Neuro-psychiatrists in San Diego, Calif. The title of his presentation is "Native Healing in Nigeria."

1955

Thomas W. Pierce, Pittsfield, Maine, has been elected to serve on the board of directors of the Maine Osteopathic Association.

1956

Robert W. England, Huntingdon Valley, Pa., has received the Andrew Taylor

Alumni Association names representatives

Welcome to the following alumni who will serve a three-year term as district representatives to the Alumni Association:

New York District –
Jerome L. Ditzkoff, DO, '58,

Merrick, N.Y.

Pennsylvania District – Hal S. Bendit, DO, '84, Allentown, Pa.

Military District – Ronald R. Blanck, DO, '67, Washington, D.C.

ClassActs

1966

H. Michael Zal, Bala Cynwyd, Pa., has been named "Distinguished Practitioner in Osteopathic Medicine" by the National Academies of Practice.

1968

C. Samuel Grove, Rochester, N.Y., has been elected president of the medical and dental staff at Rochester General Hospital.

1971

David D. Goldberg, Dayton, Ohio, has been named president-elect of the Ohio Osteopathic Association.

1973

James R. Pritchard, Canton, Ohio, has been elected president of the Ohio State Coroners Association.

Ronald N. Rosenfeld, Bryn Mawr, Pa., has been appointed president of the medical staff at Springfield Hospital.

→ **George J. Vilushis**, Erie, Pa., has joined the medical staff at Children's Health Care.

1974

Alan L. Meshekow, Massillon, Ohio, has been elected for a second term as chief of staff at Doctors Hospital of Stark County.

1975

Gary A. Agia, Sewell, N.J., has been elected to the board of managers of the American Cancer Society, Gloucester County Chapter.

Allen J. Zagoren, Clive, Iowa, has been elected vice

Still Medallion of Honor presented by the American Academy of Osteopathy.

1957

Albert R. Amalfitano, Waterville, Maine, has been elected treasurer of the Maine Osteopathic Association.

1958

Wayne R. English, Jr., Burleson, Texas, has been named to the panel reviewing osteopathic services by the Health Care Financing Administration.

1959

Sheldon Dubinett, Aliso, Pa., has joined the medical staff at 800 Medical Center, Clarion.

1961

Paul P. Koro, Jr., Tulsa, Okla., has received the Outstanding and Distinguished Service Award presented by the Oklahoma Osteopathic Association.

1963

John A. Pettineo, Philadelphia, Pa., has been named president-elect of the medical staff at St. Agnes Hospital.

1964

Michael B. Grossman, Cherry Hill, N.J., has been appointed to the New Jersey State Care Administration Board.

1965

Robert M. Mandell, Farmington Hills, Mich., has been elected president of the American Osteopathic Academy of Orthopedics.

ClassActs

president of the Iowa Osteopathic Medical Association.

1976

Michael Dudnick, Linwood, N.J., has been elected president of the New Jersey chapter of the American College of Emergency Physicians.

Ira E. Spitzer, Langhorne, Pa., has received the Breath of Life Award from the American Lung Association.

1977

J. Robert McGhee, Narragansett, R.I., has become a fellow of the American College of Cardiology.

1978

Judith L. Benscoter, Swarthmore, Pa., has been appointed chief of surgery at Springfield Hospital.

Annamarie Young, Sea Isle City, N.J., has received the "1992 Physician in Home Care Award" presented by the Center for Home Health Development.

1979

Ronald A. Cohen, Philadelphia, Pa., has been elected to the board of the New Jersey Association of Osteopathic Physicians.

Alan R. Maniet, Jr., Lower Merion, Pa., has been named "Internist of the Year" by the American Academy of Osteopathic Internists.

Glenn G. Miller, Conshohocken, Pa., has successfully completed the geriatric examination given by the American Osteopathic Board of General Practice.

1980

Bruce W. Cummings, Los Angeles, Calif., was the medical team manager of the Los Angeles contingent sent to Hawaii by the Federal Emergency Management Agency for the Hurricane Iniki disaster in September.

Gregory Keagy, Lemoyne, Pa., has been board certified in thoracic and cardiovascular surgery.

1981

Lowell D. Meyerson, Philadelphia, Pa., has been board certified in proctology.

Cecelia F. Roman, West Trenton, N.J., will be listed in the next edition of *American Women's Who's Who*.

James Simon, Ambler, Pa., has joined the medical staff at North Penn Hospital, Lansdale.

1982

Stuart A. Hartman, Hershey, Pa., has been appointed to the board of directors at Holy Spirit Hospital, Camp Hill.

Jack M. Kanoff, Hammon-ton, N.J., has been board certified in pulmonary medicine.

Michael C. Trahos, Falls Church, Va., has been named to the panel reviewing orthopedics and invasive cardiology by the Health Care Financing Administration.

1983

Gregory S. Tomcho, Allentown, Pa., has been elected vice-chairman of the medical staff at Allentown Osteopathic Medical Center. In addition, he has been board certified in family medicine.

David R. Wenner, Harrisburg, Pa., has been named medical director at Transact Health Systems of South Central Pennsylvania, a service of Holy Spirit Hospital, Camp Hill.

1984

Timothy L. Jameson, Blandon, Pa., has opened a family practice office in Blandon.

1985

Samuel J. Congello, Mason City, Iowa, has joined the cardiac department at Mason City Clinic.

Mark P. Jacobson, Hummelstown, Pa., has been appointed president-elect of the American College of Osteopathic Pediatricians.

Dana C. Shaffer, Exira,

In Memoriam

Joseph Calafiore, DO, '27, GP, Johnstown, Pa., Nov. 28, 1991.

Donald S. Cann, DO, '35, IM, Daytona Beach, Fla., Aug. 3, 1991.

J. Henry Goldner, Jr., DO, '33, IM, North Hollywood, Calif.

Albert Grayce, DO, '55, GP, Ambler, Pa., Sept. 27.

Edward Holroyd, DO, '42, OB/GYN, Norwalk, Calif., Oct. 1.

J. Wilson Hunter, DO, '30, GP, Tuckerton, N.J.

Samuel Kniazzer, DO, '46, GP, Cheltenham, Pa.

Carl H. Kodroff, DO, '56, GP, Philadelphia, Pa., Dec. 9.

Wilber J. Kuhn, DO, '36, GP, Spring Hill, Fla., June 25.

Charles E. Lindsey, DO, '33, GP.

Alex E. Maron, DO, '46, GP, Pembroke Pines, Fla., Oct. 10.

William W. Miner, DO, '31, Jamestown, RI.

Robert Osder, DO, '56, GP, Englewood, N.J.

George W. O'Sullivan, DO, '33, GP, Deming, N.M., Aug. 6.

The Rev. Canon Alfred W. Price, former PCOM honorary degree recipient and rector emeritus of St. Stephens Church, Philadelphia, Oct. 14.

Lloyd J. Robinson, DO, '41, Port Orange, Fla., June 19.

Joni B. Rossnick, DO, '86, GP, Philadelphia, Pa., May 17.

George B. Slifer, Jr., DO, '56, GP, Huntingdon Valley, Pa.

Iowa, has been appointed president-elect of the Iowa Osteopathic Medical Association.

1986

Robert E. Deimler, Reedsville, Pa., has joined the medical staff at Geisinger Medical Group, Lewistown.

Drew A. Koch, York, Pa., has joined the medical staff at Harrisburg Hospital.

Steven Locnikar, Phoenix, Ariz., has completed an otolaryngology/facial plastic surgery residency at Deaconess Hospital, St. Louis, Mo., and has opened a private practice in Phoenix.

1987

Robert S. Sass, Ogdensburg, N.Y., has joined the medical staff at A. Barton Hepburn Hospital.

1988

Kellie Bobbitt-Smaldore, and **Stephen Smaldore**, Bel Air, Md., have been appointed medical directors of the Tri-Home Hospice Program in Harford County.

John W. D'Andrea, Huntingdon, Pa., has joined the

medical staff at J.C. Blair Memorial Hospital.

Susan M. Kaufman, Erie, Pa., has joined the medical staff of Metro Health Center's Prompt Care.

Brian A. Nester, Lafayette Hill, Pa., has been appointed assistant director of emergency medicine at Delaware County Memorial Hospital, Drexel Hill.

Paul D. Thomas, Danville, Pa., has joined the medical staff at Geisinger Clinic.

1989

J. Gary Kemberling, Hummels Wharf, Pa., has joined the medical staff of Geisinger Clinic as an associate at Geisinger Medical Group, Selinsgrove.

Anthony Rivellini, Conshohocken, Pa., has joined the family practice of **Alan J. Miller, DO, '62**, Warminster.

1991

Jean M. Reams, Lewistown, Pa., has joined the medical staff at Mountain View Medical Center, Mifflin County.

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Executive Editor
Susan Soiferman
Editor
Carol A. Harris
Contributing Writer
Bruce Beans
Art Direction
Wendy Romano
Creative Direction
Ted Lamoreaux
Photography
Audrey Erfer-Nodler

Coming**Events**

March 3-7, 1993	FOMA (Florida Osteopathic Medical Association)	Doral Hotel Miami Beach, Fla.
March 17-21, 1993	ACGP (American College of General Practitioners)	Peabody Hotel Orlando, Fla.
April 15-18, 1993	EROC (Eastern Regional Osteopathic Convention)	Bally's Park Place Atlantic City, N.J.
April 29 – May 2, 1993	POMA (Pennsylvania Osteopathic Medical Association Convention)	Sheridan Station Pittsburgh, Pa.
June 6, 1993	PCOM Commencement	Academy of Music Philadelphia, Pa.

Philadelphia College of Osteopathic Medicine
4150 City Avenue, Philadelphia, Pennsylvania 19131-1696